

863

Form 8 5-09-4m.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
County of Pima
District of Tucson
Town of _____
City of Tucson

Ter. Index No. 641
County Registered No. 178

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")

St. Mary's Hospital
Mrs. Maria Fish

Ward.) (If death occurred in a Hospital or Institution, give its name instead of street and number.)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS			
LENGTH OF RESIDENCE			
At Place of Death		yrs	mos.
In Arizona		yrs	mos.
SEX	COLOR OR RACE		
<u>Female</u>	<u>White</u>	<u>Chinese</u>	
	<u>Black</u>	<u>Indian</u>	
	<u>Mexican</u>		
DATE OF BIRTH			
<u>Feb</u>	<u>9</u>	<u>1843</u>	<u>19</u>
(month)	(day)	(year)	
AGE			
<u>64</u>	<u>7</u>	<u>13</u>	days
SINGLE, MARRIED, WIDOWED, OR DIVORCED			
<u>Married</u>			
BIRTHPLACE			
(State or foreign country) <u>New York</u>			
OCCUPATION			
<u>Housewife</u>			
NAME OF FATHER			
<u>James M Wakefield</u>			
BIRTHPLACE OF FATHER			
(State or foreign country) <u>New Hampshire</u>			
MAIDEN NAME OF MOTHER			
<u>Clarinda Brown</u>			
BIRTHPLACE OF MOTHER			
(State or foreign country) <u>Vermont</u>			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
Informant <u>Sister M. Angela</u>			
(Address) <u>St. Mary's Hospital</u>			

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	<u>9/22</u> 19 <u>09</u>
(month)	(day) (year)
I hereby certify that I attended deceased from <u>Sept. 18</u> 19 <u>09</u> to <u>Sept 22</u> 19 <u>09</u>	
that I last saw him alive on <u>Sept 22</u> 19 <u>09</u>	
and that death occurred on the date stated above at <u>9:30 PM</u>	
The DISEASE or INJURY causing DEATH was as follows: <u>Acute Dysentery</u>	
Where contracted	<u>Tucson</u> Duration <u>19 days</u>
Contributing cause (if any)	<u>Rheumatic Arthritis</u>
Where contracted	<u>Tucson</u> Duration <u>15 yrs</u>
(Signed) <u>A. W. O'Leary</u>	M.D.
<u>9/23 1909</u>	Address <u>Tucson Ariz.</u>
SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
Former or Usual residence	<u>Tucson Ariz.</u> How long at <u>10</u> Days
Place of burial or removal	<u>Masonic Cem</u> Date of burial or removal <u>Sept 23</u> 19 <u>09</u>
Undertaker	<u>Parker Undertaking Co.</u> Address <u>Tucson</u>
Filed <u>Sept 28</u> 19 <u>09</u>	<u>H. E. Cupier</u> Lib. Register
Filed <u>Sept 23</u> 19 <u>09</u>	<u>N. F. M. M. M.</u> County Register